

## PEMBROKE PINES PD

☒ Juvenile☒ Original☐ Supplement/Current

OFFENSE INCIDENT REPORT											
Agency ORI FL0060800						Agency Report Number 2012-013875					
Reported: Day Saturday		Date 02/18/2012		Time (mil) 13:13		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)	
# Off. 1	# Victims 1	# Offenders 1	# Prem. Ent 0	# Veh. Stolen 0	Incident: From	Day Friday	Date 02/17/2012	Time (mil) 16:30	Day	Date	Time (mil)
Incident Location 1150 HIBISCUS DR PEMBROKE PINES FL 33025								Geographic Indicator Tract AREA 1 / GRID 8			
Method of Operation						Description of Incident OFFENSES AGAINST FAMILY & CHILDREN / NIC					
Location Type 19 JAIL/PRISON						Occupancy					
Offense 1	Type FELONY	Description Offenses Against the Family and Children				Attempt/Complete C		NCIC/UCR Code 62		Forced Entry N/A	
Statute Violation Number: 827.03				Weapon Code:							
Offense Indicator #1	V/W Code # VICTIM	V. Type JUVENILE		Juvenile Yes		Name (Last, First, Middle) [REDACTED]				Suffix JR	
Address (Street, Apartment Number) 1150 HIBISCUS DR				City PEMBROKE PINES		State FL		Zip 33025		Residence Phone 954-967-6300	
Other Contact Info (Time Available, Interpreter)						Synopsis Of Involvement				Business Phone	
Race BLACK	Sex MALE	DOB 5/6/1996	Age 13	Res. Type City	Res. Status Full Year	Extent of Injury MINOR		Injury Type OTHER		Relationship OTHER KNOWN	
Occupation STUDENT		Employer/School				Address				SSN	
Driver's License (State and Number)		Other ID (Number and State)				Scars, Marks, Tattoos (Location and Description)				FCIC/NCIC	
Height 507	Weight 140	Eye Color 2 BROWN		Hair Color 1 BLACK		Hair Length SHORT		Hair Style STRT			
Complexion DARK	Build LIGHT	Facial Hair CLN S		Teeth		Speech/Voice		Ethnicity NON-HISPANIC			
Offense Indicator	Involvement Type SUSPECT	Juvenile No	Name (Last, First, Middle) CLARK, MICHAEL				Suffix		Suspect Code SUSPECT		
Address (Street, Apartment Number) UNK			City PEMBROKE PINES		State FL		Zip		Residence Phone 000-000-0000		
Maiden Name		Nickname/Streetname				Place of Birth			Business Phone		
Race BLACK	Sex MALE	DOB 9/7/1984	Age 27	Clothing				Res. Type Florida		Res. Status	
Occupation		Employer/School THOMPSON ACADEMY				Address 1150 HIBISCUS DR				SSN	
Driver's License (State and Number)		Other ID (Number and State)				Scars, Marks, Tattoos (Location and Description)				FCIC/NCIC NO	
Height	Weight	Eye Color 7 UNKNOWN		Hair Color 8 UNKNOWN		Hair Length 6 UNKNOWN		Hair Style 11 UNKNOWN			
Complexion 8 UNKNOWN	Build	Facial Hair		Teeth		Speech/Voice		Ethnicity UNKNOWN			
Special Identifiers								Immigration/Naturalization #			
Incident Type			Foul Play?	Missing Before?	Fingerprints?	Photo Available?		Dental Record?		MCIC Form?	
Date Last Seen		Time Last Seen				Location Last Seen (Address, City, St.)					
Accompanied By											
Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)			
Property Carried											
Recovery Information											
Type	Description			Status		Quantity		Measure		Street Value	
Activity 1				Activity 2				Activity 3			

VEHICLE

PROPERTY WEAPON

NARRATIVE

STATUS

Related To:			Status Code			Damage Code			Type		
Veh. #	Year	Make			Model			Style		VIN/Hull Number	
Tag Reg./Doc. #		Plate State	Plate Year	Reg. State	Reg. Year	Decal Number			Tag Type		
Condition			Insurance Company			Lien Holder			Estimated Value		
Color					Description (Identifying Characteristics Noticeable Damage, Interior Color, Etc.)						
Vessel Name		Length			Hull Material		Propulsion		Boat Type		
Recovery Loc.						Recovery Code					
Recovery Address/Geographic Indicator							Date Recovered		Value Recovered		
Method of Theft					Original Reporting Agency						
Report Number				Hold				Reason/Authority			
Components Stripped											
Towed By				Storage Location				FCIC/NCIC			
Person Code		Item #	Damage Code			Type			Status		
Quantity		Name			Brand			Make		Model	
Serial Number/Hull Number					Owner Applied Number						
Description (Size, Color, Caliber, Barrel Length, Etc.)											
Value \$			Value Recovered \$				Date Recovered		FCIC/NCIC		
Related To:				Status				Type			
Bank/Card Issuer				Account Number				Document/Serial Number			
Printed Name				Payable To				Face Signature			
Endorsement				Other Name(s)				Service/Property Received			
ID. Type			ID. No.			Document Date			Amount		
<p>*****</p> <p>Narrative Title: Date Entered: 2/27/2012 8:15:12 AM</p> <p>ON 02/18/12 I RESPONDED TO THE THOMPSON ACADEMY LOCATED AT 1150 HIBISCUS DR AT THE REQUEST OF CPIS INVESTIGATOR EMILY HALABY.</p> <p>UPON ARRIVAL I MADE CONTACT WITH THE INVESTIGATOR WHO PROVIDED ME WITH A COPY OF THEIR INTAKE REPORT (2012-039773-01).</p> <p>THE REPORT ADVISED THE FOLLOWING.</p>											
Report Contains INTAKE REPORT						Related Report Number(s)					
Officer Name/ ID HINES, DONALD / 0551			Reporting Officer/ID HINES DONALD / 0551			Unit B12		Date 2/27/2012 8:13:20 AM			
Officer Reviewing (If Applicable) COVINO, JOSEPH		ID. Number 0234		Routed To		Referred To		Assigned To		By	
Case Status FURTHER INVESTIGATION		Clearance Type				Date Cleared		Number Arrested 0			

Agency ORI  
FL0060800

Incident Offense Report  
Additional Victims/Witnesses

Agency Report Number  
2012-013875

VICTIM / WITNESS

Offense Indicator	V/W Code # WITNESS	V. Type	Juvenile No	Name (Last, First, Middle) POWELL, TRUDY ANN			Suffix	
Address (Street, Apartment Number) 21417 NW 13 CT #109			City MIAMI GARDENS		State FL	Zip 33169	Residence Phone 954-682-1104	
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement THERAPIST		Business Phone 954-967-6301	
Race BLACK	Sex FEMALE	DOB 12/3/1982	Age 29	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship
Occupation		Employer/School			Address			SSN
Driver's License (State and Number)		Other ID (Number and State)			Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC
Height	Weight	Eye Color	Hair Color		Hair Length		Hair Style	
Complexion	Build	Facial Hair	Teeth		Speech/Voice		Ethnicity UNKNOWN	

VICTIM / WITNESS

Offense Indicator	V/W Code # WITNESS	V. Type	Juvenile Yes	Name (Last, First, Middle)			Suffix	
Address (Street, Apartment Number) 1150 HIBISCUS DR			City PEMBROKE PINES		State FL	Zip 33025	Residence Phone 000-000-0000	
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement INMATE		Business Phone	
Race BLACK	Sex MALE	DOB 4/27/1994	Age 17	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship
Occupation		Employer/School			Address			SSN
Driver's License (State and Number)		Other ID (Number and State)			Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC
Height	Weight	Eye Color	Hair Color		Hair Length		Hair Style	
Complexion	Build	Facial Hair	Teeth		Speech/Voice		Ethnicity UNKNOWN	

VICTIM / WITNESS

Offense Indicator	V/W Code # WITNESS	V. Type	Juvenile Yes	Name (Last, First, Middle)			Suffix	
Address (Street, Apartment Number) 1150 HIBISCUS DR			City PEMBROKE PINES		State FL	Zip 33025	Residence Phone 000-000-0000	
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement INMATE		Business Phone	
Race BLACK	Sex MALE	DOB 2/13/1995	Age 17	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship
Occupation		Employer/School			Address			SSN
Driver's License (State and Number)		Other ID (Number and State)			Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC
Height	Weight	Eye Color	Hair Color		Hair Length		Hair Style	
Complexion	Build	Facial Hair	Teeth		Speech/Voice		Ethnicity UNKNOWN	

Agency ORI  
FL0060800

# Incident Offense Report Additional Victims/Witnesses

Agency Report Number  
2012-013875

VICTIM / WITNESS

Offense Indicator	V/W Code # WITNESS	V. Type	Juvenile	Name (Last, First, Middle)			Suffix		
Address (Street, Apartment Number) 1150 HIBISCUS DR			City PEMBROKE PINES		State FL	Zip 33025		Residence Phone 000-000-0000	
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement INMATE			Business Phone	
Race UNKNOWN	Sex MALE	DOB	Age	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship	
Occupation		Employer/School			Address			SSN	
Driver's License (State and Number)		Other ID (Number and State)			Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color	Hair Color		Hair Length		Hair Style		
Complexion	Build	Facial Hair	Teeth		Speech/Voice		Ethnicity UNKNOWN		

VICTIM / WITNESS

Offense Indicator	V/W Code #	V. Type	Juvenile	Name (Last, First, Middle)			Suffix		
Address (Street, Apartment Number)			City		State	Zip		Residence Phone	
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement			Business Phone	
Race	Sex	DOB	Age	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship	
Occupation		Employer/School			Address			SSN	
Driver's License (State and Number)		Other ID (Number and State)			Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color	Hair Color		Hair Length		Hair Style		
Complexion	Build	Facial Hair	Teeth		Speech/Voice		Ethnicity		

VICTIM / WITNESS

Offense Indicator	V/W Code #	V. Type	Juvenile	Name (Last, First, Middle)			Suffix		
Address (Street, Apartment Number)			City		State	Zip		Residence Phone	
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement			Business Phone	
Race	Sex	DOB	Age	Res. Type	Res. Status	Extent of Injury	Injury Type	Relationship	
Occupation		Employer/School			Address			SSN	
Driver's License (State and Number)		Other ID (Number and State)			Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color	Hair Color		Hair Length		Hair Style		
Complexion	Build	Facial Hair	Teeth		Speech/Voice		Ethnicity		

Agency ORI  
FL0060800

# Incident Offense Report Other Persons Involved

Agency Report Number  
2012-013875

Others

Offense Indicator	Involvement Type REPORTEE	Juvenile No	Name (Last, First, Middle) HALABY, EMILY		Suffix		Suspect Code	
Address (Street, Apartment Number) 359 N ST. RD. 7			City PLANTATION		State FL	Zip 33317-	Residence Phone 954-327-2694	
Maiden Name		Nickname/Streetname			Place of Birth		Business Phone 954-797-5299	
Race BLACK	Sex MALE	DOB	Age 25	Clothing		Res. Type		Res. Status
Occupation		Employer/School			Address		SSN	
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color		Hair Color		Hair Length	Hair Style	
Complexion	Build	Facial Hair		Teeth		Speech/Voice	Ethnicity NON-HISPANIC	

Others

Offense Indicator	Involvement Type PARENT	Juvenile	Name (Last, First, Middle) ROSS, CHEVHONNE		Suffix		Suspect Code	
Address (Street, Apartment Number) 104 CAROLINA LAKE DR #105			City DAYTONA BCH		State FL	Zip 32114-	Residence Phone 386-675-8976	
Maiden Name		Nickname/Streetname			Place of Birth		Business Phone	
Race UNKNOWN	Sex FEMALE	DOB	Age	Clothing		Res. Type		Res. Status
Occupation		Employer/School			Address		SSN	
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color		Hair Color		Hair Length	Hair Style	
Complexion	Build	Facial Hair		Teeth		Speech/Voice	Ethnicity UNKNOWN	

Others

Offense Indicator	Involvement Type	Juvenile	Name (Last, First, Middle)		Suffix		Suspect Code	
Address (Street, Apartment Number)			City		State	Zip	Residence Phone	
Maiden Name		Nickname/Streetname			Place of Birth		Business Phone	
Race	Sex	DOB	Age	Clothing		Res. Type		Res. Status
Occupation		Employer/School			Address		SSN	
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color		Hair Color		Hair Length	Hair Style	
Complexion	Build	Facial Hair		Teeth		Speech/Voice	Ethnicity	



NARRATIVE

ON 02/17/12 THE DJJ STAFF STARTED TUSSLING WITH [REDACTED] AFTER TRYING TO REDIRECT HIM. THE STAFF PUT [REDACTED] IN A HEADLOCK. [REDACTED] SUSTAINED A SCRATCH ON HIS NOSE AND ON HIS NECK AS A RESULT OF THE INCIDENT. HE WAS SEEN BY A NURSE BUT HE DID NOT NEED ANY MEDICAL ATTENTION.

WE THEN REQUESTED TO MEET WITH THE VICTIM. [REDACTED] CAME INTO THE ROOM BUT HE SAID HE DID NOT WISH TO SPEAK WITH US. WE ATTEMPTED TO GET HIM TO TELL US WHAT HAPPENED BUT HE WAS UNCOOPERATIVE HE TOLD US THAT HE HAD NOTHING TO SAY. I DID OBSERVED A SMALL SCRATCH ON THE RIGHT SIDE OF HIS NECK.

WE THEN MADE CONTACT WITH TRUDY POWELL WHO IS A THERAPIST AT THE FACILITY. SHE ADVISED THAT ON 02/17/12 AT APPROX. 1630 HOURS SHE WAS IN HER OFFICE WITH TWO JUVENILE DETAINEES [REDACTED]. SHE FURTHER ADVISED THAT THE VICTIM [REDACTED] LEFT HIS AREA WITHOUT PERMISSION AND ENTERED A ROOM JUST OUTSIDE OF HER OFFICE WHERE THE JUVENILE PROPERTY BINS ARE LOCATED. A STAFF MEMBER (SUSPECT 1) MICHAEL CLARK FOLLOWED [REDACTED] INTO THE ROOM AND TOLD HIM TO GET BACK TO HIS AREA. TRUDY THEN HEARD [REDACTED] START CURSING AT THE STAFF MEMBER AND HE REFUSED TO RETURN. TRUDY THEN BEGAN TO HEAR WHAT SOUNDED LIKE A STRUGGLE COMING FROM THE AREA WHERE [REDACTED] AND THE STAFF MEMBER WERE STANDING. TRUDY COULD NOT SEE WHAT WAS HAPPENING FROM HER OFFICE SO SHE WENT TO CHECK. WHEN TRUDY OPENED HER OFFICE DOOR SHE OBSERVED THE STAFF MEMBER CHOKING [REDACTED] FROM BEHIND WITH HIS ARM IN THE CORNER OF THE ROOM. SHE FURTHER STATED THAT [REDACTED] WAS STRUGGLING TO GET AWAY FROM MICHAEL AND THAT HE WAS GASPING FOR AIR. TRUDY THEN BEGAN SCREAMING AT THE STAFF MEMBER TO LET [REDACTED] GO. SHE SAID THAT MICHAEL REFUSED TO LET [REDACTED] GO SO SHE CONTINUED TO SCREAM AT HIM EVEN LOUDER. SHE ADVISED THAT MICHAEL THEN LET [REDACTED] GO AT WHICH TIME HE FELL TO THE FLOOR WITH A BLOODY NOSE. TRUDY CLAIMED THAT MICHAEL THEN JUST LEFT THE AREA. TRUDY STATED THAT [REDACTED] HAD ALSO WITNESSED THE STAFF MEMBER CHOKING [REDACTED].

WE THEN SPOKE TO MARCUS HICKS. HE ADVISED THAT HE WENT INTO HIS THERAPIST'S OFFICE AND HEARD SEVERAL BOOMS COMING FROM THE PROPERTY BIN AREA. HE CLAIMED THAT THE THERAPIST WENT TO CHECK AND HE FOLLOWED. HE STATED THAT WHEN HE EXITED THE OFFICE HE OBSERVED THE STAFF MEMBER CHOKING [REDACTED].

WE THEN SPOKE TO [REDACTED]. HE STATED THAT AS HE WAS WALKING TO THE THERAPIST'S OFFICE HE SAW [REDACTED] LEAVING HIS ASSIGNED AREA. HE FURTHER ADVISED THAT THE STAFF MEMBER TOLD HIM TO COME BACK. [REDACTED] SAID THAT [REDACTED] CURSED AT MICHAEL AND THEN SLAMMED THE HALLWAY DOOR IN HIS FACE. [REDACTED] THEN WALKED INTO THE THERAPIST'S OFFICE. HE ALSO HEARD THE STRUGGLE OUTSIDE THE ROOM BUT HE COULD NOT SEE WHAT WAS HAPPENING. HE ALSO WENT OUT OF THE OFFICE TO SEE WHAT WAS GOING ON. AS HE EXITED THE OFFICE HE SAW MICHAEL CHOKING [REDACTED].

A THIRD JUVENILE [REDACTED] WAS ALSO PRESENT DURING THE INCIDENT; HOWEVER LIKE [REDACTED] HE OPTED NOT TO SPEAK WITH US.

THE SUSPECT MICHAEL WAS NOT PRESENT AT THE TIME OF THE INVESTIGATION. THE STAFF MEMBERS THAT WERE WORKING WERE UNABLE TO PROVIDE US WITH ANY FURTHER INFORMATION ON THE SUSPECT. THEY ADVISED THAT THE SUSPECT'S INFORMATION WILL BE AVAILABLE TO US DURING THE WEEK.

I ATTEMPTED TO MAKE CONTACT WITH THE VICTIM'S MOTHER BUT WAS UNABLE TO REACH HER.

NARRATIVE

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Narrative Title: DET. M. SILVER/0628/2-28-2012/1000  
Date Entered: 3/6/2012 4:36:22 PM

THIS CASE WAS ASSIGNED TO ME ON 2/21/2012, WHICH AS CLASSIFIED AS A CHILD ABUSE CASE.

ON 2/22/2012, I RESPONDED TO THE THOMPSON ACADEMY AND MADE CONTACT WITH TRUDY POWELL (THE WITNESS), WHO IS A THERAPIST EMPLOYED BY THE THOMPSON ACADEMY. POWELL STATED DURING SWORN TESTIMONY THAT SHE WAS IN HER OFFICE AT THE TIME OF INCIDENT WHEN SHE HEARD A LOUD ALTERCATION COMING FROM OUTSIDE OF HER OFFICE. SHE EXITED HER OFFICE TO SEE WHAT WAS GOING ON. AT WHICH POINT, SHE WITNESSED MICHAEL CLARK (THE SUSPECT) STANDING BEHIND [REDACTED] (THE VICTIM) WITH HIS RIGHT ARM TIGHTLY AROUND [REDACTED] NECK. POWELL STATED THAT CLARK'S ACTIONS WERE PREVENTING [REDACTED] FROM BREATHING AND SHE FEARED FOR HIS LIFE. POWELL YELLED SEVERAL TIMES AT CLARK DEMANDING THAT HE STOP HIS ACTIONS AND LET JONES GO, BUT HE REFUSED. SEVERAL OTHER INMATES RESPONDED TO THE AREA IN ORDER TO SEPARATE CLARK FROM [REDACTED]

I OBTAINED SWORN TESTIMONY FROM [REDACTED] WHEREIN HE STATED THAT HE WANTED TO OBTAIN HIS FOLDER WHICH WAS LOCATED IN A DIFFERENT ROOM. [REDACTED] ASKED FOR PERMISSION AND WAS DENIED. [REDACTED] BECAME UPSET DUE TO THE FACT THAT OTHER INMATES WERE ALLOWED TO ENTER THAT ROOM AND HE WAS BEING DENIED. [REDACTED] THEN PROCEEDED TO DISOBEY THAT ORDER AND ENTERED THE DAY ROOM IN ORDER TO OBTAIN HIS FOLDER. ONCE INSIDE THE ROOM, HE WAS APPROACHED BY CLARK WHO WAS DEMANDING THAT HE EXIT. CLARK THEN GRABBED THE FOLDER FROM [REDACTED] HAND, AT WHICH POINT [REDACTED] GRABBED BACK THE SAME FOLDER AND BEGAN TO WALK AWAY FROM CLARK. CLARK THEN CAME UP FROM BEHIND [REDACTED] WRAPPED HIS RIGHT ARM AROUND HIS NECK AND APPLIED A GREAT AMOUNT OF PRESSURE AND HINDERED HIS ABILITY TO BREATHE. [REDACTED] STATED THAT THE NEXT THING HE COULD RECALL WAS POWELL YELLING AT CLARK TO RELEASE HIM AND HIM FALLING TO THE GROUND.

I OBTAINED A COPY OF THE CCTV FROM THE "DAY ROOM" WHICH DOES NOT SHOW THE START OF THE ALTERCATION OR CLARK CHOKING [REDACTED] CCTV DID SHOW THEN END PART OF THE ALTERCATION WHERE BOTH CLARK AND [REDACTED] WERE STRUGGLING WITH EACH OTHER AND OTHER INMATES ENTERED THE AREA TO SEPARATE THE TWO AND REGAINED CONTROL OF THE SITUATION.

I SPOKE TO [REDACTED] VIA TELEPHONE AND ASKED HER HOW SHE WANTED ME TO PROCEED WITH THIS CASE. ROSS STATED THAT SHE WANTED CLARK PROSECUTED.

ON 2/23/2012, I CONTACTED CLARK VIA TELEPHONE AND INFORMED HIM THAT I WAS CONDUCTING A CRIMINAL INVESTIGATION IN REGARDS TO THIS INCIDENT. I ASKED CLARK IF HE WOULD AGREE TO COME TO THE POLICE STATION TO DISCUSS THE CIRCUMSTANCES. CLARK REPLIED, "THIS AINT NO BIG DEAL", AND WAS HESITANT TO TALK TO ME. I INFORMED CLARK THAT I WOULD LIKE HIS COOPERATION IN THIS MATTER AND HAD SOME QUESTIONS, AT WHICH POINT, CLARK STATED THAT HE WANTED TO CALL ME BACK IN 5 MINUTES. CLARK NEVER CALLED ME BACK AND I HAD MADE SEVERAL ATTEMPTS TO CONTACT HIM BY LEAVING VOICE MAIL MESSAGES, HOWEVER, HE NEVER RETURNED ANY OF MY CALLS.

ON 2/24/2012 CLARK HAD A MANDATORY MEETING WITH AN INVESTIGATOR FROM THE DEPARTMENT OF JUVENILE JUSTICE WHICH HE FAILED TO APPEAR BEFORE.

I SPOKE TO THE ASSISTANT DIRECTOR OF THE THOMPSON ACADEMY (RONALD ROGERS) WHO STATED THAT CLARK WOULD BE TERMINATED DUE TO HIS FAILURE TO COOPERATE DURING

NARRATIVE

\*THESE INVESTIGATIONS.

I PREPARED A NOT IN CUSTODY FOR THE ARREST OF MICHAEL CLARK FOR THE CHARGE OF CHILD ABUSE.

\*\*\*\*\*NIC\*\*\*\*\*

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Narrative Title: Paperless User Defined Info  
Date Entered: 3/6/2012 4:36:22 PM

[INCIDENT]

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Narrative Title: DETECTIVE M. SILVER /0628/2-12-2013/0911  
Date Entered: 2/14/2013 12:24:42 PM

ON 2-12-2012 I RECEIVED NOTICE FROM THE SAO THAT CHARGES WERE FILED ON THIS CASE FOR SIMPLE BATTERY.

NO WARRANT WAS IN THIS SYSTEM AS OF THIS DATE.

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Narrative Title: Paperless User Defined Info  
Date Entered: 2/14/2013 12:24:42 PM

[INCIDENT]